



**City of Houston**  
**Worker's Compensation**  
**Employee/Witness (es) Statement**

*Employee Statement:*

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*Sign:* \_\_\_\_\_ *Date* \_\_\_\_\_

*Witness I:*

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*Sign:* \_\_\_\_\_ *Date* \_\_\_\_\_

*Witness II:*

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*Sign:* \_\_\_\_\_ *Date* \_\_\_\_\_